



(Independent Record, Fri Dec 8, Jon Ebel IR Staff Photographer)

FIRST LADY NANCY SCHWEITZER

rolled up her sleeve to demonstrate the importance of getting a flu shot. Schweitzer got her shot at the Lewis & Clark City-County Health Department. Public Health Nurse, Sarah Wakefield, administered the vaccine. The First Lady says getting a flu shot is important for all Montanans, especially those who work with young children or the elderly. "This is the flu season, from November to May, and so anybody that's around a lot of people or in the public, at schools, we really encourage them to get a flu shot." There's no shortage of the flu vaccine this year, and the First Lady says the shot is the single best way for Montanans to protect themselves against the virus. Check with your local health department for clinic details. **IT IS NOT TOO LATE – "FLU" SEASON IN MONTANA HAS JUST BEGUN.**

The First Lady recently joined our other "Every Child By Two" (ECBT) Co-Chairs: Carol Williams, Theresa Racicot and Carol Judge. Our Co-Chairs provide much needed support and serve as advocates and spokespersons for our mission. ECBT brings together a diverse group of

partners that are interested in healthy communities. We cover "Birth to Death" prevention of "vaccine- preventable" diseases. 2010 goals include increased immunization rates and decreased disease outbreaks. Our partnerships are key – immunization is a true marker of healthy communities.

"VACCINATE BEFORE THEY LEGISLATE"

The Montana Immunization Program encourages you to



contact your legislators before they travel to Helena and offer them an influenza shot. Be sure to share some key tips on how to stay healthy during "flu" season and arm them with information regarding your community's needs. Share your immunization rates, along with a background about the diseases they prevent, and the importance of immunizations for all age cohorts. Also provide them with your phone number and e-mail address - in case health issues come up – so they can seek your expertise about the pertinent health issues for your community.

POLIO EDUCATION

The International Post-Polio Task Force has launched "The year of Polio Education Campaign."

"Last year's five unvaccinated Minnesota children and one Arizona adult who developed polio are the canaries in the mineshaft" Dr Richard Bruno, Chairperson for the International Post-Polio Task Force and Director of the Post-

Polio Institute declares. Because these cases were imported into the country – this makes the outbreak especially frightening - polio has broken free of the international vaccination efforts – and truly is only a plane ride away.

The CDC reports that only 90% of U.S. toddlers- under 3 years of age - are vaccinated against polio – leaving 10 of every 100 toddlers unprotected.

Approximately two million polio survivors live in North America – and there are about 20 million polio survivors world-wide. Most survivors experience “post-polio sequelae” (PPS) approximately 35 years after the poliovirus infection. PPS includes overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, sensitivity to anesthesia, cold intolerance, and breathing difficulties.

State and federal legislators have recognized the danger of ignoring polio. A resolution passed in the U.S. Senate, sponsored by Senators Arlen Specter and Jon Corzine and one in the House of Representatives, sponsored by Representatives Steve Rothman and Scott Garrett, underscore the need for education about Post-Polio Sequelae and polio vaccination.

CDC recommends State and local health departments assess polio immunization coverage in their communities and provide opportunities for unvaccinated persons to receive inactivated poliovirus vaccine (IPV). Frequently asked questions about polio and the vaccine-derived polio virus are available on CDC’s website at:
<http://www.cdc.gov/nip/diseases/polio/faqs.htm>

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Montana has an active “Polio Survivors Support Group”

They met with the MT Immunization Program this fall to offer their support and assistance with immunization education for parents and providers. **We will be honoring this group during the January 19th Every Child By Two Reception at the State Capital.**

Global Polio Eradication Hinges on Four Countries:

The world’s success in eradicating polio now depends on four countries – Afghanistan, India, Nigeria, and Pakistan – according to the Advisory Committee on Polio Eradication (ACPE), the independent oversight body of the eradication effort. On October 11-12, ACPE met in Geneva, Switzerland to review recent global progress in polio eradication and recommend steps to 1) end poliovirus transmission rapidly in the remaining four endemic areas; 2) limit international spread of the virus; and 3) prepare for eventual eradication of polio and cessation of oral polio vaccination. To view a press release about the meeting, go to
<http://www.polioeradication.org/content/pressreleases/20061012press.asp>.

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A NEW “IMMUNIZATION” FACE
Carolyn Parry



CDC Public Health Advisor Carolyn Parry, MPH joins the MT DPHHS Immunization Section as a CDC field staffer, bringing with her about 10 years of immunization experience. Carolyn was a CDC Advisor with the State of Ohio Immunization Program for more than five years. Before that, she worked with the State of Oregon immunizations for several years. “I’m glad to be back in the Northwest,” Carolyn says. Carolyn will work with the Vaccines for Children (VFC) Program, adolescent and adult immunizations. “Our goal is to encourage immunizations across the life span,” says Carolyn. She can be reached at (406) 444-2675 or cparry@mt.gov Welcome to Montana, Carolyn!

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INFLUENZA UPDATE:



Yellowstone Co. has the first confirmed cases of influenza of the season. The two specimens were positive for influenza A on tests

at the local level AND for more specific tests at the state. Influenza surveillance activities by CDC and DPHHS officially started on Oct 1, 2006. There have been reports of positive rapid tests in several areas of the state; Remember, in order to confirm the presence of influenza in the community during the first part of the season, it is important that providers submit rapid test positive specimens to the Montana Public Health Laboratory for confirmation.

All county and tribal health units are reminded that the Administrative Rules of Montana (ARM) 37.114.204(3) require weekly reporting of influenza activity within their jurisdiction. Please submit the report to us by the Monday following the reporting week. Questions or concerns can be addressed by calling Elton Mosher at (406) 444-3165 or Bonnie Barnard at (406) 444-0274.

More national detail is available in the weekly update at:

<http://www.cdc.gov/flu/weekly/fluactivity.htm>.

It is important to continue to vaccinate to protect those at risk.

We know that many of you have gone to great lengths to reach your communities with influenza vaccine. Thank you for not closing down your clinics early this season. Thank you for continuing to provide the very best services in your communities to protect the public's health.

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CDC INFO Hot Line: Staff at 1-800-CDC-INFO can help both health professionals and the general public find answers to specific questions they may have about influenza or other public health issues. This service is available in English and Spanish 24 hours a day, seven days a week.

WAY TO GO KAY!!!!



The following are excerpts from the Helena Independent Record Article, October 2, 2006, written by Carolyn Bright, IR Staff Writer.

Kay Robertson, PHN, Communicable Disease Program Manager for Lewis & Clark County, is the first recipient of the Elaine M. Fordyce Public Health Nurse Award.

The purpose of this award is to honor the memory of Elaine - while acknowledging exemplary performance in communicable disease control, including mentoring new public health nurses, and collaborating with community partners to develop a team approach to disease control. Fordyce's 45-year nursing career included various positions in public health at the city, county and state levels. She was known for her tireless work in the battle of communicable disease. Elaine was one of Montana's "best friends"! She was an outstanding mentor for many of MT's nurses because of her enthusiasm, wisdom, sunny disposition and tireless efforts to protect the health of our communities.

Lora Wier, spokesman for the MT Public Health Association, shared that Kay's efforts in addressing the pertussis outbreak made her a "shoo-in" for recognition. Lewis & Clark County had 175 cases of pertussis during 2005. Kay and her co-workers worked tirelessly – forging partnerships with schools and private health care providers to handle the overwhelming case load.

Thanks Kay, for your "Can Do" attitude – we are very proud of you!!

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Zostavax™ frequently asked questions.

How is Zostavax™ given?

Zostavax™ is given as a single dose by subcutaneous injection.

If someone already had shingles, should they be vaccinated with Zostavax™?

Yes, ACIP on October 25, 2006 recommended that Zostavax™ be given to all people over the age of 60.

Does Zostavax™ contain thimerosal?

No, it does not contain any preservatives.

Can Zostavax™ treat shingles or post herpetic neuralgia?

No, Zostavax™ is to be used in the prevention of developing herpes zoster.

Can Zostavax™ be a substitute for Varivax®?

No, Zostavax™ is 14 times more potent than Varivax® and should not be used in children. It is licensed for use in those 60 years of age or older.

How is Zostavax™ stored?

Zostavax™ needs to be stored at -15 C (+5F) or colder. Any freezer including frost free that has a separate sealed freezer door and reliably maintains the required temperature may be used. Protect Zostavax™ from light before reconstitution. The diluent needs to be stored separately at room temperature or in the refrigerator.

How is Zostavax™ reconstituted?

Zostavax™ needs to be reconstituted immediately upon removal from the freezer. Use only the diluent supplied since it is free of substances which might inactivate the vaccine virus. The vaccine needs to be administered immediately after reconstitution to minimize loss of potency. If vaccine is not used within 30 minutes it needs to be discarded.



Provisional Zoster Recommendations:

The Advisory Committee on Immunization Practices (ACIP) Provisional Recommendations for use of the new herpes zoster (shingles) vaccine have been posted online. ACIP Recommendations become official after review by the Director of CDC and the Department of Health and Human Services (HHS), and are published in CDC's Morbidity and Mortality Weekly Report (MMWR). In October 2006, ACIP recommended a single dose of zoster vaccine for adults 60 years of age and older regardless of previous history of herpes zoster. Provisional Recommendations can be found at

http://www.cdc.gov/nip/recs/provisional_rec/zoster-11-20-06.pdf.

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Answers to Clinical Crossword from the Fall, vol. 12, No.4, 2006 issue

Across

2. baker's yeast
4. streptococcus pneumoniae
5. bacteria
6. minor illness
7. health record
8. influenza
10. get pregnant
11. mumps
12. inactivated
13. HIB
14. paralysis
15. retardation
17. shingles
18. rubella
21. allergy
22. hepatitis B
23. pertussis
24. injury

Down

1. tetanus
2. bacterial meningitis
3. varicella
9. pneumonia
16. body fluids
20. gelatin

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Updated - General Recommendations on Immunization:

The Advisory Committee on Immunization Practices (ACIP) -- a national panel of immunization experts -- updated its general recommendations on immunizations in the United States. The new recommendations were published in CDC's Morbidity and Mortality Weekly (MMWR) on December 1st as the "General Recommendations on Immunization." These recommendations provide technical guidance about common vaccination concerns for clinicians and other health care providers who administer vaccines.

The new General Recommendations revise the 2002 General Recommendations. The principal changes include:

- 1) Expansion of the discussion of vaccination spacing and timing;
- 2) An increased emphasis on the importance of injection technique/age/body mass in determining appropriate needle length;
- 3) Expansion of the discussion of storage and handling of vaccines, with a table defining the appropriate storage temperature range for inactivated and live vaccines;
- 4) Expansion of the discussion of altered immunocompetence, including new recommendations about use of live-attenuated vaccines with therapeutic monoclonal antibodies; and
- 5) Minor changes to the recommendations about vaccination during pregnancy and vaccination of internationally adopted children, in accordance with new ACIP vaccine-specific recommendations for use of inactivated influenza vaccine and hepatitis B vaccine.

Vaccination risks range from common, minor, and local adverse effects to rare, severe, and life-threatening conditions. Therefore, recommendations for vaccination practices balance scientific evidence of benefits for each person and to society against the potential costs and risks for vaccination for the individual and programs. To view the complete article in CDC's

Morbidity and Mortality Weekly Report (MMWR), please visit

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>.

New Adult Immunization Schedule:

The Advisory Committee for Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. The ACIP approved the Adult Immunization Schedule for October 2006-September 2007.

Highlighted changes for the new Schedule includes: 1) addition of Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine; 2) addition of Human papillomavirus (HPV) vaccine; and 3) revision of selected footnotes to include 2nd dose mumps vaccine to adults in certain age/risk groups, 2nd dose varicella vaccine for all adults without evidence of immunity, influenza vaccine for close contacts of children aged 0-59 months, and hepatitis B vaccine in specific settings and for all adults seeking protection from hepatitis B virus infection.

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**Don't wait until you are as
"sick as a dog" - it isn't too late to
get your
flu shot!!!**



Pertussis Points

Pertussis Disease Incidence in Montana December 2006

As of 12/1/2006, there have been 114 cases of pertussis. This is a decrease from 572 cases in 2005. Flathead County has had the majority of cases this year with 47, followed by Lewis & Clark, Missoula, Gallatin, Lincoln and Yellowstone. Several counties throughout the state have had 1 or 2 cases this year.

*** Lessons Learned About the Use of Prophylactic Treatment From 2005 Montana Data**

It was noted in communities with providers utilizing recommendations for treatment of close contacts, there were fewer cases of pertussis. Communities had increased numbers of cases when prophylactic treatment recommendations were either not used consistently or not at all.

*** Use of Tdap Vaccine in Montana**

When Td is recommended or required for adolescents needing their booster, Tdap is the vaccine of choice. For the 2006-2007 School year, 7th graders were required to receive a Td booster, and of course Tdap is the vaccine of choice. This is an important step considering that during 2005, over half of the cases of pertussis in Montana occurred in adolescents. It will take some time before the efforts of vaccinating one age cohort will have an impact on the incidence of pertussis disease. As Tdap becomes more commonplace and considered a routine vaccine in the adult and adolescent population it will continue to make a difference in pertussis transmission.

Remember, pertussis occurs in a 2-5 year cycle and noting the effects of vaccine will be most notable after 5 years of decreased pertussis incidence.

*** For More Information about use of Tdap and DTaP vaccines call 444-5580.**

Clarification of the School Rules

The Requirement for the “Td-containing” vaccine is **NOT** like the 7th grade MMR requirement – where all 7th through 12th graders must have two MMRs to commence attendance. The only students that require a “Td-containing”

vaccine booster, for school entry, are the incoming 7th graders (and any transfer students coming into the 7th grade during the school year).

Once these 7th graders (class of 06-07) are seniors - all children 7th through 12th should be covered with Td containing vaccine. At that time, each year's incoming 7th graders and all students (and transfer students) in 7th - 12th grade would be required to have the vaccine.

It would be great if every 7th - 12th grader would get the Tdap vaccine now, but there is not enough vaccine available at this time and when the MMR requirement was implemented - it was a logistical nightmare for those working to bring those students into compliance.



WIZRD Report

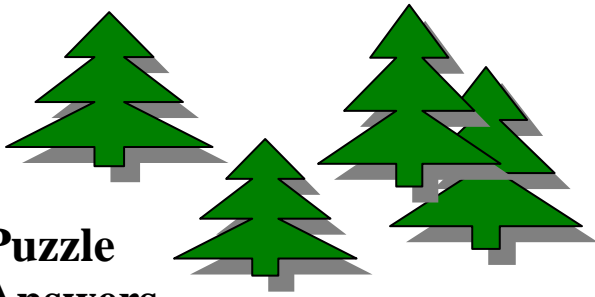
Since March 2006 we have been busily rolling out WIZRD (Web-based Immunization Registry Database) to the private providers and are happy to announce that we have placed WIZRD in over 70 private clinics and added over 300 new *read-only* users. Thank you to all who have participated. If your clinic has not yet had the opportunity to access WIZRD and would like to, please contact your local county health

department for details.

Additionally, if your clinic currently has access to WIZRD and has encountered any questions, problems or staff turn-over we ask that you let our registry coordinator, Bekki Kirsch, know about any

of these issues that you might have. She can be reached at (406) 444-9539 or bkirsch@mt.gov.





Puzzle Answers

A WARTY POSE = SOAPY WATER
WAND SHAHS = WASH HANDS
BAIT RACE = BACTERIA
HERBS DO IT = BIRTH DOSE

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HPV Vaccine News

This vaccine will be available through VFC after the first of the year. We will notify you soon about ordering and VFC requirements.

HPV is the most prevalent sexually transmitted disease in the United States. According to the Centers for Disease Control and Prevention (CDC), 6.2 million Americans acquire the disease each year, which, in some women, can lead to cervical cancer. Based on CDC figures, in 2002 more than 12,000 women were diagnosed with cervical cancer and nearly 4,000 died nationally.

On June 29, 2006, the Advisory Committee on Immunization Practices (ACIP) recommended this vaccine for the routine vaccination of females 11-12 years of age and has been licensed for girls as young as 9 years of age.

"This vaccine is a major scientific breakthrough, we know there is a direct relationship between HPV and cervical cancer and we have the rare opportunity to reduce the incidences of cancer in women," said Mary Ann Cooney, Director of Public Health, "We are very excited to be able to offer this vaccine to our young women. This vaccine has the ability to reduce healthcare costs, cancer death rates, and the devastating impact this disease can have on women and their families."

Meanwhile, GlaxoSmithKline is working on an HPV vaccine also.

Remember: Colder Is Not Always Better.

The recommended temperatures for vaccine refrigerators range from 2-8° C or 35-46° F. During site visits this year, Health Services Specialists have found many temperatures below 2° C and 35°F. Some were close to freezing.



If you keep your temperatures closer to the mid-range (4-5 °C, 39-42°F), it is less likely temperature fluctuations will inactivate your vaccine.

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Improved Supply of Meningococcal Conjugate Vaccine

Currently, Sanofi Pasteur reports that limitations in the MCV4 supply have been resolved.

Therefore, CDC recommends resuming routine vaccination for all recommended groups, with an emphasis on adolescents who will be college freshmen living in dormitories and other persons at increased risk for meningococcal disease – such as: military recruits, travelers to areas in which meningococcal disease is hyper-endemic or epidemic, microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*, persons with anatomic or functional asplenia, and persons with terminal complement deficiency.

Providers who have questions about ordering vaccine may contact Sanofi Pasteur at 1-800-VACCINE or at <http://www.vaccineshoppe.com>.

2014 Scrambled Health

Unscramble these four jumbles,

One Letter to each square, to form your answers.

HERBS DO IT (newborn protection)

--	--	--	--	--	--	--	--	--	--

BAIT RACE (some are pathogenic)

--	--	--	--	--	--	--	--

WAND SHAHS (elementary hygiene)

--	--	--	--	--	--	--	--	--	--

A WARTY POSE (helps get rid of bait race)

--	--	--	--	--	--	--	--	--	--

Stop in and exercise your brain!

"The Challenge" is presented for a little fun and we encourage you to discuss "The Challenge" with your peers and e-mail an answer to: thoran@mt.gov or fax your answer to the Immunization Program at 444-2920 to Tim Horan or, mail to: The Challenge, Immunization Program, Cogswell Building, P.O. Box 202951, Helena, MT 59620-2951

Winners will be acknowledged with Kudos in the next newsletter, and your names will be entered into a drawing for a T-shirt or an Every Child by Two tote bag.

Talk about this week's Newsletter - Challenge and Stretch Your Mind!

The Challenge - Last News Letter – Summer, Vol. 12, No. 4

Question:

It's a beautiful Saturday morning, so you decide to take the kids over to the driving range. You're pleasantly surprised that they both are hitting the golf balls pretty well. As your son takes another ball out of the bucket, he says, "You know my friend Jimmy and his mom went to the health clinic the other day to start their Hepatitis A vaccine..." Yes, ok what's next here, you think

to yourself? "Well, Jimmy is 15 and weighs in at 160 pounds, and they gave him a pediatric dose while his mom is 110 pounds and she got an adult dose, which I guess is twice the pediatric dose. So, what's up with that?" What do you tell him?

Sorry, no winners this time around!

Answer: Efficacy data from vaccine clinical trials were based on age at time of vaccination, and not on the weight of the individual. Dosage recommendations reflect this age-based efficacy data. In general, more robust responses are expected from younger individuals for every vaccine. This is reflected in older individuals requiring greater amounts of antigen to elicit an adequate immune response.

New Challenge

New Question:

You're in the waiting room of your sister's immunization provider, killing time with her, while she waits to have her 15-month-old son receive his recommended childhood shots. Your daughter is checking out her cousin's shot-record, and the vaccine information statement's for the vaccines he will receive. Your son has wandered down the hallway, looking for a pop machine, and you decide to join his quest. Upon return, you unexpectedly (expectedly from your son's point of view) find your daughter politely, firmly arguing with the nurse that her cousin needs a dose of Hib vaccine. Your sister is perplexed, and the nurse is pointing out that the child has received 3 doses of PedvaxHIB, and 3 doses of PedvaxHIB are all you need. Yes, your daughter says, but those 3 doses were given at 2, 4, and 6 months-of-age and her cousin may continue to be at risk of Hib disease if not given a booster dose. Is she right? What do you say?

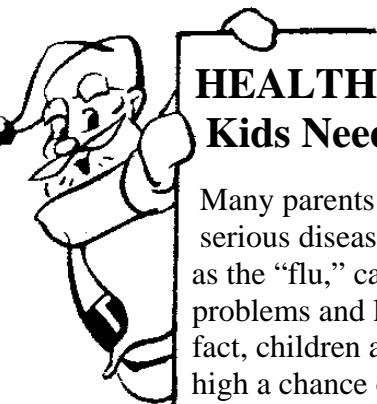
COMING SOON! NEW PERINATAL HEPATITIS B PREVENTION GUIDELINES

The MT DPHHS

Communicable Disease

Administrative Rules have been updated to reflect the recommendations found in the: *Morbidity and Mortality Weekly Report (MMWR. 2005;54:1-23).*





HEALTHY HOLIDAYS

Kids Need Flu Shots, Too!

Many parents don't know influenza is a serious disease. Influenza, also known as the "flu," can cause severe health problems and lead to hospitalization. In fact, children aged 6-23 months have as high a chance of being sent to the hospital with influenza as people 65 years and older. Also, influenza and pneumonia combined is a leading cause of death in children.

- Making sure your child gets an influenza vaccination every year is the best way to protect against the flu. If your child is 6 months to 9 years of age and has never gotten an influenza vaccine before, he/she will need two doses one month apart.
- Healthy children, aged ≥ 5 years may receive the new influenza, nasal-mist, vaccine - "Flumist".

The nation's top health officials recommend that certain groups of children get vaccinated against influenza every year beginning in October because they have an increased chance of coming down with problems related to influenza compared to other groups of children. Health officials call these groups "high-risk," and they include:

- Children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- Children who have required regular medical follow up or hospitalization during the preceding year because of chronic metabolic diseases, including diabetes, renal dysfunction, and immune suppression disorders, and other conditions.
- Children who have any condition that can compromise respiratory function or handling of respiratory secretions that could increase the risk for aspiration (i.e., spinal cord injuries, seizure disorders, etc.)
- Children aged 6 months - 18 years who are receiving long-term aspirin therapy.

- Children aged 6-23 months.
- All children who are household contacts of children aged 0-23 months of age.

If your child cannot come in until December or later, the influenza vaccine can still help protect from the virus in most years.

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Don't Forget!!!
Pregnant women need their "flu" shots - as they become pregnant -during flu season!!!

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Coming Soon to a Local Nursing Home Near You:

It's that time of year once again, the "self reported" nursing home survey has gone out to all Long Term Care Facilities. Please remind your county LTCF to participate in the survey. The survey is designed to help LTCF increase the immunizations of both residents and staff.

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Certificate of Excellence for Nursing Homes:

Laura Baus, Adult Immunization Coordinator, has designed two styles of certificates for you to present to your nursing homes that participate in the survey and have reached Healthy People 2010 goals of 90% vaccination rates for influenza and pneumococcal, worker influenza immunization rate of 90 or better or showed at least 50% increase over last years results. For more details or to order certificates, call Laura at: 444-6978.



Looking for a good gift idea for your elderly family members or neighbors? Offer to drive them to receive their pneumococcal, influenza, tetanus or Zostavax vaccine. Give the gift that lasts a lifetime.

IMMUNIZATION PROGRAM:

Program Manager - Joyce Burgett - 444-5580

Office Manager - Janet McConnell - 444-5580

Nurse Consultant - Marci Eckerson - 444-1805

CDC Advisor - Carolyn Parry - 444-2675

Health Services Specialists

Beth Cottingham - 444-2969

Liz Evans Lelacheur - 444-0277

Laura Baus - 444-6978

Tim Horan - 444-1613

Office Fax - 444-2920

Home IV Pharmacy - 723-4099



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UPCOMING EVENTS:

- "Every Child By Two" Immunization Reception to honor our new Co-Chair Nancy Schweitzer and MT Polio Survivors. ALL IMMUNIZATION PARTNERS ARE WELCOME. January 19, 2007, 12 Noon to 1:00 p.m. at the State Capital.

- Regional Workshops

January – March: Watch for more information

SAVE THE DATES:

- *2007 Epidemiology & Prevention of Vaccine Preventable Diseases*. CDC's Four Part Vaccine Course Series via satellite or webcast

Session one: 1/25/07 10:00-2:00 MST

Session two: 2/1/07 10:00-2:00 MST

Session three: 2/8/07 10:00-2:00 MST

Session four: 2/15/07 10:00-2:

For more Information contact: Beth Cottingham:

444-2969, E-mail: ecottingham@state.mt.us.

THE READING WELL

TO ORDER MORE BOOKS -

CONTACT: The Medicaid Program at: 444-9538, or The Immunization Program at: 444-5580.



Please add: Return Address:

Please also add "return service requested"

SEE BELOW: YOU ARE INVITED

MONTANA'S
"EVERY CHILD
BY TWO"

Immunization
Partners' Reception

Please join us on
Friday, January 19,
2007, to welcome
our new Co-Chair,
First Lady
Nancy Schweitzer



and

to recognize
Montana's Polio
survivors.

The reception will be
held at the State
Capital from 12:00
noon to 1:00 p.m.

